



FAMILY ACCIDENT REIMBURSEMENT PLAN

BENEFITS SUMMARY

For all benefits except Critical Illness, the following benefit amounts are payable if the loss, treatment required or expenses incurred are due to injury caused by an accident.

	Benefit amounts	
	Insured Adult and Spouse	Dependent Child
Dental Treatment and Eyewear — Payable as a maximum for reimbursement of expenses.		
Dental treatment within 7 years following Accident for Dependent Children (1 year for Participants and Spouses)	Prov Fee Guide	Prov Fee Guide
Dental treatment after 7 years following Accident for Dependent Children	Not available	\$1,500
Dental Implants (each)	\$1,750	\$1,750
Orthodontics	\$2,500	\$2,500
Dentures and artificial teeth	\$500	\$500
For eyeglasses/contact lenses: Initial purchase when not previously required or worn	\$250	\$250
For eyeglasses/contact lenses: Repair/replacement	\$250	\$250
Fracture, Dislocation or Surgery — Payable as a lump sum payment.		
Skull (depressed) or spine (three or more vertebrae)	\$1,000	\$1,000
Skull (not depressed) or spine (less than three vertebrae) or pelvis	\$500	\$500
Arm between elbow and shoulder, or thigh, or hip, or shoulder blade, or shoulder	\$300	\$300
Lower leg, or knee cap, or ankle, or calcaneus (heel bone), or bone(s) of the feet (metatarsals) or hand(s) (metacarpals), or collar bone, or forearm, or wrist, or elbow	\$250	\$250
Sternum, or sacrum/coccyx, or upper jaw, or lower jaw, or nose, or two or more toes, fingers or ribs	\$200	\$200
One toe, finger or rib, or any bone not specified above	\$125	\$125
Surgery for: severed tendon(s) or burns (requiring skin graft), or ruptured kidney/liver/spleen, or punctured lung, or knee (when there is no fracture or dislocation), or eye surgery, or emergency surgery requiring general anaesthetic (excluding dental surgery)	\$150	\$150
Hospital, Paramedical, Counselling, and Prosthetics — Payable as a maximum for reimbursement of expenses.		
Private or semi-private room if requested by attending physician while in hospital; licensed ambulance service; registered nurse or certified nursing aid; rental of crutches, appliances, wheelchair, or hospital-type bed (limited to purchase price); prescription drugs; splints, casts and cast materials, trusses, pressure garments requested by attending Physician for curative or therapeutic purposes only	Full Cost	Full Cost
Rental of TV, radio, or telephone while in hospital	\$25/day	\$25/day
Treatment by a physiotherapist, athletic therapist, or registered massage therapist; treatment by a chiropractor or osteopath; acupuncture; medical supplies for the purpose of dressing changes	\$800	\$800
Braces prescribed by the attending Physician for curative or therapeutic purposes only (limited to one purchase per Injury)	\$1,250	\$1,250
Counselling	\$1,000	\$1,000
Purchase of artificial limbs, eyes, hearing aids, and other prosthetic appliances	\$5,000	\$5,000
Commercial repair of a prosthetic appliance	\$500	\$500
Travel and Transportation — Payable as a maximum for reimbursement of expenses.		
Emergency Transportation	\$250	\$250
Special Treatment Travel	\$2,500	\$2,500
Death or Disability — Repatriation and Funeral Expense are payable as a maximum for reimbursement of expenses. All other benefits in this section are payable as a lump sum payment.		
Accidental Death	\$20,000	\$20,000
Double Indemnity	\$40,000	\$40,000
Repatriation	\$5,500	\$5,500
Permanent Total Disability	\$100,000	\$100,000
Funeral Expense	\$5000	\$5000
Rehabilitation and Special Services — Confinement Disability is payable as a lump sum payment. All other benefits in this section are payable as a maximum for reimbursement of expenses.		
Confinement Disability	Not available	\$750/month
Retraining	\$10,000	\$10,000
Private Tutor	Not available	\$5,000
Dismemberment or Total and Permanent Loss of Use — Payable as a lump sum payment		
Both hands, or both feet, or one hand and one foot, or one hand or one foot and entire sight of one eye, or entire sight of both eyes, or speech and hearing	\$100,000	\$100,000
One entire arm or leg, or one hand or foot, or entire sight of one eye, or speech, or hearing in both ears	\$60,000	\$60,000
Entire thumb and index finger (same hand)	\$30,000	\$30,000
Thumbs, fingers, or toes (each entire thumb, finger, or toe)	\$4,000	\$4,000
One entire phalanx of any one finger, or hearing in one ear	\$2,000	\$2,000
Critical Illness — Payable as a lump sum payment		
Diagnosis of a Covered Condition	\$10,000	\$10,000